

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 AUG 1 A 11:13

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

621 E. McCarty SUITE E



Check if different  
than previously  
reported. (ACC)

JEFFERSON CITY

MO

65101-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00157958

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY 01 / 01 / 2005

through

MM / DD / YYYY 06 / 30 / 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LINDA BELL

Signature of Treasurer

Linda M Bell

Date

MM / DD / YYYY 07 / 29 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 / 01 / 2005

To:

06 / 30 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		2471.20
(b) Cash on Hand at Beginning of Reporting Period.....	2471.20	
(c) Total Receipts (from Line 19) .....	00	00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2471.20	2471.20
7. Total Disbursements (from Line 31) .....	2107.12	2107.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	364.08	364.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	1087.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 01 2005

To:

06 30 2005

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

**12. Transfers From Affiliated/Other**

Party Committees.....

**13. All Loans Received .....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

**17. Other Federal Receipts**

(Dividends, Interest, etc.) .....

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))...

**19. Total Receipts (add Lines 11(d),**

12, 13, 14, 15, 16, 17, and 18(c)) .....

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

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# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	00	00
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	00	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	891 28	891 28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	891 28	891 28

25038864323

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:  
(check only one)

☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SAM GRAVES

Mailing Address

6500 TOWER

City State

KANSAS CITY MO

Zip Code

65152

Nature of Debt (Purpose):

RENTAL FEE  
FOR MAILING  
LIST

Outstanding Balance Beginning This Period

1087.00

Amount Incurred This Period

00

Payment This Period

00

Outstanding Balance at Close of This Period

1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State

Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City

State

Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....

1087.00

1087.00

1087.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Missouri RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **Jeff City Printing**

Mailing Address

**1214 Industrial Dr**

City

**Jefferson City**

State

**MO**

Zip Code

**65109**

Purpose of Disbursement

**Advertising**

Candidate Name

**Multi**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**07 / 26 / 2005**

Amount of Each Disbursement this Period

**1215.84**

**004**

Category/  
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**1215.84**  
**1215.84**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **01** OF **01**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Comm</i>	FEC IDENTIFICATION NUMBER <i>C 00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>			Date <i>01/26/2005</i>	
Mailing Address <i>1214 Industrial Dr.</i>			Amount <i>110.53</i>	
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65109</i>		
Purpose of Expenditure <i>Printing</i>		Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>7</i>	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Roy Blunt</i>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>			Date <i>01/26/2005</i>	
Mailing Address <i>1214 Industrial Dr</i>			Amount <i>110.53</i>	
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65109</i>		
Purpose of Expenditure <i>Printing</i>		Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>8</i>	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Joann Emerson</i>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>221.06</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Patricia M. Skain*  
 Signature

Date *07/29/2005*



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **1** OF **1**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Missouri Right to Life Federal Political Action Comm</u>	FEC IDENTIFICATION NUMBER <u>C 00157958</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>Jeff City Printing</u>		Date <u>01</u> / <u>26</u> / <u>2005</u>
Mailing Address <u>1214 Industrial Dr.</u>		Amount <u>110.53</u>
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65109</u>
Purpose of Expenditure <u>Printing</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>5</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Jeanne Patterson</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>737.29</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Jeff City Printing</u>		Date <u>01</u> / <u>26</u> / <u>2005</u>
Mailing Address <u>1214 Industrial Dr</u>		Amount <u>110.53</u>
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65109</u>
Purpose of Expenditure <u>Printing</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>6</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Sam Graves</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>737.29</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>221.06</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date 01 / 26 / 2005

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **1** OF **1**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Comm</i>	FEC IDENTIFICATION NUMBER <i>C 00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>		Date <i>01 / 26 / 2005</i>
Mailing Address <i>1214 Industrial Dr.</i>		Amount <i>110.53</i>
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65109</i>
Purpose of Expenditure <i>Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>3</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bill Federer</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>		Date <i>01 / 26 / 2005</i>
Mailing Address <i>1214 Industrial Dr</i>		Amount <i>110.53</i>
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65109</i>
Purpose of Expenditure <i>Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>4</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Ike Skelton</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>221.06</i>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date *01 / 26 / 2005*

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **1** OF **1**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Comm</i>	FEC IDENTIFICATION NUMBER <i>C 00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>	Date <i>01 / 26 / 2005</i>
Mailing Address <i>1214 Industrial Dr.</i>	Amount <i>110.53</i>
City State Zip Code <i>Jefferson City MO 65109</i>	

Purpose of Expenditure <i>Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>1</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Leslie Farr</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Jeff City Printing</i>	Date <i>01 / 26 / 2005</i>	
Mailing Address <i>1214 Industrial Dr</i>	Amount <i>110.53</i>	
City State Zip Code <i>Jefferson City MO 65109</i>		
Purpose of Expenditure <i>Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>2</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd Akin</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>737.29</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>221.06</i>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date *01 / 26 / 2005*

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Comm

FEC IDENTIFICATION NUMBER ▼

C 00157958

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Jeff City Printing

Mailing Address

1214 Industrial Dr.

City

Jefferson City

State

MO

Zip Code

65109

Purpose of Expenditure

Printing

Category/  
Type

004

Date

01 / 26 / 2005

Amount

110.53

Name of Federal Candidate Supported or Opposed by Expenditure:

George W. Bush

Office Sought:

☐ House

State: MO

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

95141

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Jeff City Printing

Mailing Address

1214 Industrial Dr

City

Jefferson City

State

MO

Zip Code

65109

Purpose of Expenditure

Printing

Category/  
Type

004

Date

01 / 26 / 2005

Amount

110.53

Name of Federal Candidate Supported or Opposed by Expenditure:

Christopher Bond

Office Sought:

☐ House

State: MO

☒ Senate

District:

☐ President

Check One:

☒ Support

☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

93729

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures

221.06

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature


Date

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE            OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C 00157958</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <span style="float:right"><b>Comm</b></span>				
Full Name (Last, First, Middle Initial) of Payee <b>Jeff City Printing</b>		Date <b>01 / 26 / 2005</b>		
Mailing Address <b>1214 Industrial Dr.</b>		Amount <b>11053</b>		
City <b>Jefferson City</b>	State <b>MO</b>	Zip Code <b>65109</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>MO</b> <input type="checkbox"/> Senate    District: <b>9</b> <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure <b>Printing</b>		Category/Type <b>004</b>		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Kenny Hulshof</b>				
Calendar Year-To-Date Per Election for Office Sought <b>73729</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee		Date		
Mailing Address		Amount		
City	State	Zip Code	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures ..... <b>11053</b>				
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures .....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature _____		Date <b>01 / 26 / 2005</b>		

Federal Election Commission  
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